The Pre-School Blind Child:
Suggestions Regarding His Care and Training
By Francis Eber Palmer

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The Pre-school Blind Child
Suggestions Regarding His Care and Training

by

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Vinton, Iowa.

It is not hard to understand the utter grief and despair that might come to parents and friends when they discover, for the first time, that the child of their affections has been born blind, or has been denied sight after that gift had been given. Without doubt there are many, many heart-aches and occasions for sorrow. Possibly with the knowledge that the handicapped one must go over the pathway of years without sight, there comes also a dark picture of blindness. Imagination is apt to get very busy and there arises, perhaps, a vision of the child grown to manhood or womanhood, desolate in his or her isolation, without hope, without friends, without ability to open the gates of happiness, without the urge to walk the upward way - a sojourner in some "far country" unable to find the way to the Father's house. It may be that into the picture, which imagination paints for the father and mother of the little blind baby, the blind beggar has walked; perhaps Hope sits, holding the lyre whose broken strings make no music in a world of harmony.

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Although imagination has sometimes thus painted the picture of the manhood or womanhood of the blind child, yet the Spirit of Reality may bring another picture, a picture with Hope triumphantly playing the sweet music of life, with Faith pointing to a highway over which many, many blind men and women have courageously walked and along which they have beautifully served, - a picture that is full of the message that happiness and love are possible to a large degree. There is a long list of blind men and blind women who have made conspicuous contributions to the progress of the world, in practically every realm of helpful endeavor; and every blind child should be taught to face life in the belief that he, too, may make a worthy contribution to the world's happiness and well being; for the number of blind men and blind women who "s ee beyond sight" greatly outnumber the blind men and blind women who seem to be without soul-sight.

Therefore, this little booklet has been prepared in the belief that the blind child has within himself, possibilities of tremendous importance, and because of these inherent possibilities should, therefore, have all the care and consideration that a well favored sighted child is given. At an early date he should be taught to believe in himself, in the possibilities of life, and in God.

Although imagination may sometimes thus picture pictures of the manhood or womanhood of the blind child, yet the spirit of reality may bring another picture, a picture with Hope triumphantly playing the sweet music of life, with faith pointing to a highway over which many, many blind men and women have courageously walked and along which they have beautifully served, - a picture that is full of the message that happiness and love are possible to a large degree. There is a long list of blind men and blind women who have made conspicuous contributions to the progress of the world, in practically every realm of helpful endeavor, and every blind child should be taught to face life in the belief that he, too, may make a worthy contribution to the world's happiness and well being, for the powers of blind men and blind women who "see" are slowly, slowly gaining ostensibly the blind men and blind women who seem to be without sight.

Therefore, this little booklet has been prepared in the belief that the blind child has rights, possibilities of tremendous importance, and because of these inherent possibilities should, therefore, have all the care and consideration that a well favored sighted child is given. All are equally he should be taught to believe in himself, in the possibilities of life, and in God.

In the preparation of this booklet, the writer has ever been guided by the hope that fathers and mothers of blind children may find in those little ones such qualities of mind and heart as shall give joy and gladness; and that the growth and development of these children shall have first and wisest consideration, a consideration that shall have for its objectives, plans for a large and useful future. Before anything that this booklet has to offer, in the way of suggestion for the care and training of the blind child can possibly be of any value to those having the responsibility for the education of such a child, whether in the home or in the school, there must be a profound belief that the child has within himself possibilities whose unfoldment and direction may give to society a new hope and a new uplife. But it should not be forgotten that the baby enters the home helpless and dependent, needing all the care, needing all the patience, needing all the wisdom and love which his parents are able to give him, in order that he may travel, by and by, the highway of independence and self-realization.

Therefore, the very first suggestion that this booklet has to give is concerned with the mental attitude of the parents themselves. It is one of the most important suggestions that will be given herein and is summed up in one word. That word is BELIEVE! Believe in the possibilities of normal growth

In the preparation of this booklet, the writer has ever been guided by the hope that fathers and mothers of blind children may find in these little pages such qualities of mind and heart as shall give joy and gladness and that the growth and development of these children shall have first and vital consideration, a consideration that shall have for its objectives, plans for a large and useful future. Before anything that this booklet has to offer, in the way of suggestion for the care and training of the blind child can possibly be of any value to those having the responsibility for the education of such a child, whether in the home or in the school, there must be a profound belief that the child has within him all possibilities where unfolding and direction may give to society a new hope and a new ideal. But it should not be forgotten that the baby enters the home helpless and dependent, needing all the care, needing all its patience, needing all the wisdom and love which the parents are able to give him. In order that no duty fail, by not the fulfillment of independence and self-realization.

Therefore, the very first suggestion that this booklet has to give is concerned with the mental attitude of the parents themselves. It is one of the most important considerations that will be given herein and is summed up in one word. That word is HELP. It believe in the possibilities of normal growth

and development for the blind baby; believe that his future usefulness and happiness is fundamental in any plan of education and training. Parents must simply believe that in the little one committed to their care are all the possibilities of worthy manhood or worthy womanhood; that within that baby's life lie sleeping all the possibilities for realizing the abundant life as the years unfold. Without such a belief there can be no intelligent and continuous plan for the baby's education and preparation for future usefulness .

It often happens that parents, as well as others, are stunned by, and stand helpless, before the problems that blindness presents, not knowing which way to turn or what to do. Then it is that they must call to their aid the power of intelligent belief, take courage and go forward; for nothing must stand in the way of the baby's chance for realizing abundant life in the years that are to come. Neither ignorance nor disappointment can excuse the parent of the blind baby for failure to give to the little blinded one the very best of care that comes from knowledge and wisdom and love. It has been shown beyond the question of doubt that blindness alone is not a closed door to usefulness and happiness and abundant life. Indeed, it is a handicap that places great difficulties in the way of progress and success;;

and development of the blind child. We believe that his future usefulness and happiness is fundamental in any plan of education and training. Parents must simply believe that in the little one committed to their care are all the possibilities of worthy manhood or worthy womanhood; that within that baby's life lie sleeping all the possibilities for realizing the abundant life as the years unfold. Without such a belief there can be no intelligent and continuous plan for the baby's education and preparation for future usefulness.

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it is a barrier across the pathway but one that has been and can be surmounted with ever developing strength and courage. In the educational philosophy of all fathers and mothers of blind babies, faith and hope and love must be abiding forces. There are no greater words in the vocabulary of education, whether they are found abiding in the homes of sighted babies or in the homes of blind babies. Therefore, if you hold in your arms a little blind baby, look up with faith; go forward, singing with hope and believe that God has set His image in the soul of your baby to the end that the little one may incarnate the life divine, when the tides of life become full.

-HEALTH-

The Ancients gave the world a profound truth in the philosophy of "a sound mind in a sound body". Because of their belief that a sound body is so fundamental in the development of a sound mind, these wise men of the ancient world emphasized physical well-being in all their educational programs. They sought not only strength of body and health of body but they also sought beauty of body and comeliness of form. They wanted the mind to have a good and happy medium through which to work and express itself. In other words, they were concerned with the whole of life and sought a harmonious expression of life. Therefore, they gave intelligent

attention to the factors that enter into the health of the body. Educators today, who know the history of education, accept this bit of philosophy that comes out of the ancient world as fundamental, and are building accordingly.

Therefore, it seems germane to the purposes of this booklet to offer a few suggestions regarding the health of the blind baby - suggestions that I have borrowed, somewhat, from the written pages of experts and others, whose practical experiences entitle them to speak with the voices of authority. The suggestions will fall under sub-heads as follows: diet, clothing, exercise, rest, physical habits and care. These topics, perhaps, do not include all of the topics which might be included under the main topic of Health, nor is it possible to discuss each one of them fully within the limits of this booklet. However, it is hoped that the suggestions herein given may, at least, make parents conscious of the fact that there is a health problem. Perhaps the little that is suggested here may help parents in their determination to seek the knowledge necessary to enable them to care for the health of the pre-school child in an intelligent way. In this little booklet, I not only hope to make a few helpful suggestions but I also want to point to the sources of fuller information.

- DIET -

(a) Learning to Eat.

Learning to eat will not be a difficult process, provided the food is agreeable to the child and further provided the food has the proper nutritional requirement. But there may come a time in the life of the pre-school child when the appetite seems to disappear, and then the matter of learning to eat becomes more or less difficult. However, regardless of whether there is a loss of appetite or not, there are definite problems growing out of the process of learning to eat, such as acquiring a taste for food that has the right nutritional requirements and the avoidance of food that may be injurious.

It is said, by those who have made a study of the pre-school child from the standpoint of food, that the most frequent reason for bringing children in for consultation is their failure to eat*. This, of course, applies to children beyond the age of infancy. Generally speaking, when parents are confronted with the child's loss of appetite (anorexia), it is best to consult a competent physician. However, there are causes of anorexia which intelligent parents can and should guard against, such as: feedings that are too close together, deleterious emotional influences (bad news, grief, worry, and the depression of continued solitude) and the effort to force the child to eat whether he wishes to eat or not.

*Learning to Eat-------Esther Leech

At the beginning of this part of the discussion, emphasis should be given to the thought that, nutritionally speaking, we cannot treat all children alike. Consideration must be given to the problem of individual differences. Therefore, refering to the topic that has been suggested as the causes of anorexia, namely, feedings that are too close together, and the loss of appetite due to feedings that are too close together, ~~and~~ we must not forget that the time element that may be good for one child may not be good for another child. Experience and observation must guide.

Regarding too frequent feedings and the resultant loss of appetite, we must not forget that the time element that may be entirely satisfactory for the requirements of one child may not be so good for another child. But this rule may be laid down for all, except in the case of sickness or some organic trouble which is always a problem for the physician. In other words, food too frequently forced upon the child before his stomach is empty and he begins to experience "hunger contractions" results in an unpleasant rather than a pleasant association with that food and a consequent withdrawal from it when offered later. The satisfaction that comes when hunger is satisfied is

always a pleasant sensation and the child soon learns to associate certain foods with this satisfaction. The reverse is also true. Therefore, he will accept food that gives satisfaction, with pleasure, when hunger makes its demands and the stomach is ready to properly undertake the work of digestion.

The loss of appetite is perhaps oftener due to psychological reasons than to physical reasons. This is apparent in the case of emotional influences, such as bad news, grief, worry and the depression of continued solitude. As far as possible these should always be carefully avoided.

Adults often make the mistake of trying to make the young child eat not only certain kinds of food but also in certain amounts, regardless of the condition of the child's appetite or his nutritional needs. By forcing the child to eat is meant the act of actually placing the food in the child's mouth, by physical force if other methods are not successful. As a rule, forced feeding is not justifiable. Of course, there are exceptions but these must be determined by the careful examination of a competent physician. The following suggestions are offered in the event that the services of a competent physician are not required or cannot be secured:

(1) Conversation, in the hearing of the child, regarding the amount of food that the child ought to eat should be reduced to the minimum;
(2) The child who has a tendency to loss of appetite can and does feel "full" at just the size of a heaped-up plate; therefore, such a child should be served small portions and allowed to have extra servings, if he so desires;
(3) The child who is troubled with loss of appetite might be helped, if he is allowed to select from a variety of those foods that meet nutritional requirements;
(4) The eating time should be one of pleasure, if possible to be made so, so that the child will enjoy the anticipation of the coming of that time;
(5) If food that is required because of its nutritional values is distasteful, then it may be combined, in cooking or serving, with other other foods that possess proper nutritional values. If whole milk is distasteful, a part of the milk requirements may be disguised in some cooked food. A vegetable may be disguised with a food that the child is fond of, but as soon as possible the child should learn to like the taste of the required vegetable. In this connection much useful information may be had from a book published by MacMillan Co., New York, entitled, "Dietetics for High Schools", by Willard and Gillett.
(6) Do not find fault or punish the child should he rebel against eating certain food but praise him for eating the same.
(7) Coaxing or nagging should not be resorted to.

DIET--

b. Concerning Foods

There are certain dietary laws which must be followed, if the pre-school child's health and growth are to be promoted with normal results. Scientists have not formulated these laws arbitrarily but they have announced them

after patient and adequate investigation. Every parent of a blind child, as well as parents of a sighted child, should make a study of these laws. In this booklet, an attempt will be made to acquaint parents with the most important of these laws, leaving to the parents of the blind baby to make for themselves a search for fuller knowledge. At the end of this booklet will be found tables, giving outlines of meals that are suggested for children of different ages. These tables will, I think, be helpful as guides to those who have charge of the dietary programs. These tables are borrowed from Willard and Gillett's, "Dietetics for High Schools". In connection with the use of these tables there are certain rules that should be observed, as follows:

(1) Meals should come at regular intervals;
(2) Eating between meals is not advisable;
(3) Cereals should be well cooked;
(4) Vegetables may be served in a variety of ways but should never be given fried to children;
(5) Sugars and sweets should be given in very small amounts;
(6) Cod-liver oil should be a daily diet, especially in the winter time;
(7) Cleanliness in the preparation of all foods for the blind baby should be an iron clad rule;
(8) There is no substitute for milk;
(9) Milk should be carefully kept from contaminations of all kinds; boil for three minutes the milk to be given to the baby, being careful not to scorch;
(10) Milk bottles should be thoroughly cleansed and then scalded in boiling water.

The following are forbidden foods for children from one to five years of age: Tea, coffee, strong cocoa, chocolate, all fried foods, raw cucumbers or radishes, all green or spoiled fruits, all hot breads, pies, pastry, rich cakes, frosted cookies, frosted cakes, rich puddings, pickles, sweet preserves, nuts, canned or dried or salted meat, (except crist bacon), game sausage, frankfurters, and bologna, candy, except at the end of the meal.

The following table, arranged according to age, is suggested and borrowed for the most part from a book by Willard and Gillett, entitled, "Dietetics for High Schools":

Foods and times for feeding them	14 to 18 months of age	18 months to two years of age	2 to 3 years of age	3 to 4 years of age	4 to 5 years of age
	Amount	Amount	Amount	Amount	Amount
7:00-7:30 A.M.					
Cereal*	1/3 cup	½ cup	½ cup	3/4cup	3/4cup
Milk	1 cup	1 cup	1½ cup	1½ cup	1½ cup
Bread	1 slice				
Butter	1 tsp	1 tsp	1 tsp	1 tsp	1 tbs
Fruit		3 tbs	3 tbs	3 tbs	4 tbs
9:00 A.M.					
Orange Juice	3 tbs				
10:00-11:00 A.M.					
Bread	1 slice				
Milk	1 cup				
11:30-12:00 A.M.					
Baked Potato		1 medium	1 medium	1 medium	1 medium
Vegetable		2 tbs	2 tbs	5 tbs	6 tbs
Milk		1 cup	1 cup	1 cup	1 cup
Bread		1 slice	1 slice	1½slices	2 slices
Plain dessert (Not very sweet)"		½ cup	1/3cup	1/3cup	1/3cup
Butter		1 tsp	1 tsp	½ tbs	½ tbs
Orange Juice or Tomato Juice		3 tbs	3 tbs	3 tbs	3 tbs

1:30-2:00 P.M.					
Baked Potato	1 tbs				
Vegetable	2 tbs				
Milk	1 cup				
Bread	½ slice				
5:00-6:00 P.M.					
Cereal*	1/3 cup	½ cup	½ cup	3/4cup	3/4cup
Milk	1 cup	1 cup	1 cup	1 cup	1 cup
Prune Pulp	2 tbs	2 tbs	2 tbs		
B read		1 slice	1 slice	1 slice	1 slice
Butter		1 tsp	1 tsp	1 tsp	½ tbs
Cooked Fruit		1 tsp		3 tbs	3 tbs

Symbols:

*Cereals: oatmeal, whetens, pettijohn's Ralston malt breakfast food, and similar cereals from which the outer coat has been removed.

"Plain Desserts: Custards, junket, Cornstarch puddings, rice puddings, gelatine desserts, tapiocas.

In the above schedule of foods, together with the time of serving etc., it should be kept in mind that all children cannot be fed the same amount of food at all times , since the dietary requirements of children greatly vary. The above schedule represents a well balanced diet and will probably be sufficient for the average child. Certain conditions of health and growth may require some modification of the schedule. Regarding this, however, a competent physician's advice should be diligently sought.

AT THE TABLE:

As soon as the blind baby is old enough to begin feeding himself, the mother, or nurse, should begin to teach the baby the proper ways of handling food. This, of course, will take a great deal of time, care and patience, especially patience.

Under no circumstances should the baby be brought to the point where he will dread the mealtime, because the efforts of the mother to teach him the proper way of handling his food are rather and impatiently made. Yet, the blind baby should be taught, as early as is consistent with the different stages of development; for there is no place where blindness may show to greater disadvantage than at the table. However, the handicap of blindness may be largely overcome, even at the table, if children so handicapped are taught the proper ways of handling their food as early as is consistent with common sense and the stage of development. The proper use of the spoon, the knife and the fork in handling food should have very careful consideration as soon as that stage of development has been reached where these are brought into use. Not only should the blind baby have patient and careful instruction in the proper use of the spoon, the knife and the fork; but should be taught just when it is proper to use the one rather than the other. It is presumed, of course, that the mother, or nurse, already knows the laws of table etiquette relating to the use ofthe spoon, the knife and the fork, and when one should be used rather than the other.

When the blind child is attempting to take the food from the plate or other dish, either by the use of the spoon or the fork, it often happens that portions of the food are

pushed off the plate or dish, thus soiling the table cloth around the plate or dish. This to the average sighted person is rather annoying. To overcome this tendency, the child must not be blamed because of it. A piece of bread should be held in the left hand and used as a barrier against the spoon or the fork in the right hand. If the blind child is taught to use the left hand as skillfully as he should be taught to use the right hand, the tendency to mussiness can be overcome. There are blind people whose table manners are as delicate and as proper as those of the sighted. But careful and proper training is the price that must be paid for such efficiency, yet it is all so worthwhile to the blind child who, as a man or a woman, is to find an acceptable place among the sighted. The following are some of the things that all blind children, as well as sighted children, should learn and practice habitually at the table:

1. To use fork and spoon correctly.
2. To dip up soup from the far side of the spoon and eat it from the nearest side of the spoon.
3. Never to reach or grab for anything that others at the table should pass.
4. To touch the napkin lightly to the lips before and after drinking.
5. To ask politely for anything wanted and to return thanks politely when helped.
6. To place the knife and fork parallel on the plate when the meal is finished.
7. To ask leave to be excused before scrambling from the chair.
8. To place the spoon in the saucer after use in the cup.

These and all other rules for table behavior should be practiced, as soon as the blind child is old enough, until they become second nature to the child, to be performed in later life unconsciously and without difficulty.

Although these rules should become as habitual to the blind child as to the sighted child, yet there will need to be special care and patience with the blind child before his presence at the table with his sighted friends will be welcome. The above rules may not be hard to learn, yet delicacy at the table may be extremely difficult to acquire. But it is important, if the blind child is to find ready acceptance as a guest in the homes of cultured and intelligent people. While learning the above rules, the blind child should also learn to avoid aimless groping movements in the location of his food on the table and on the plate. To this end, he should be taught the relative position, as observed by a careful hostess, of the different plates, glass, utensils, side dishes, etc.

HABITS:

A. to be cultivated:

1. regularity:

a. in sleeping:

It cannot be too much emphasized that every child needs, and should have, a great deal of

sleep. Of course, the number of hours depends upon the child's age and also upon the physical condition of the individual child; but when all these are taken into consideration, yet the fact remains that every child should have and is entitled to a very liberal amount of sleep. Shakespeare, I believe, was right in refering to sleep as "chief nourisher in life's feast". A new-born baby should sleep about nine-tenths of the time, the time gradually diminishing until the five-months old baby's sleeping time would be considered sufficient, if it should sleep all night, two or three hours in the morning and an hour or so in the afternoon. But the emphasis should not only be put upon the requisite amount of sleep but the emphasis should be placed upon regularity in the time of sleep. Neighbors, aunts, cousins, grandfathers and grandmothers should not be allowed to interfere with the baby's schedule of sleep; for sleep in sufficient amounts and at regular intervals may mean the baby's salvation. Dr. Fisher in his book entitled, "The Health-Care of the Baby", says:

"THe baby should be put to bed while awake. It should first be fed and made comfortable, and the room should be darkened. It should neither be rocked nor sung to sleep; if left to itself, baby will soon learn to fall asleep quietly. It should be put to bed no later than six o'clock. The afternoon nap should be continued until he is four years old or older.

Disturbed sleep or sleeplessness is usually caused by improper feeding, and, in the bottle-fed infant, by overfeeding or too frequent feeding. Intestinal indigestion and colic are the most frequent causes. Discover the cause and remove the disturbance yourself if possible; failing to

do so consult a physician, for the trouble may be due to large tonsils, adenoids, spine or hip disease, chronic joint pains, earache, or toothache. See that baby's feet are warm. Do not give it too much clothing. Do not excite it with a new toy or romping play, and do not arouse fear before putting it to bed. Do not use soothing sirups or other medicine."

Continued crying and wakefulness exert a deleterious influence on nutrition. Consult a physician. A distended colon will keep the child awake and crying. As a rule it is the carbohydrates, chiefly the sugar, that cause the disturbance. Consult a physician and remove the cause, so that the baby may enjoy regular sleep. Sleep may be promoted by giving the infant a warm bath at night.

1. Regularity (continued)

b. In eating;

Regularity in eating must be emphasized, over and over again, for it is so important. Of course, the amount of food will vary for different children; perhaps the frequency of feeding will vary somewhat, but still the rule of regularity will hold good. For the most part nature will point out the way, and as a rule nature will definitely fix the amount of time necessary to digest a meal and prepare the stomach for the reception of more food. This is especially true of the well child.

1. Regularity (continued)

c. In promoting bowel and bladder movements:

As soon as possible the diaper should become unnecessary. After the first week the bowels should

move two or three times a day, and twice a day during the second and third months. No well-trained child should soil the diaper napkin after a year old. When a baby is quite young it can be taught to use the commode. Begin by placing the baby on a small chamber held in the nurse's lap. As the baby grows older and is strong enough to support its back it may be placed on a chair or commode. Watch for the time of the regular evacuations and anticipate these by placing the baby in a position to suggest a bowel movement. If the baby makes no attempt to move its bowels when placed on the commode, then a small soap stick, or a gluten or glycerin suppository should be inserted in the rectum. By this means the baby's attention may be directed to the reason for being placed on the vessel. Such treatment may be repeated daily for weeks or until the baby's bowels move unaided. Each child should have its own vessel or seat as a sanitary measure.

What is possible with the bowels can be accomplished with the bladder. If the mother or nurse will place the infant on a vessel every three or four hours it will gradually learn to hold its urine until that time. The baby should be placed on the vessel immediately on awakening, be it night or day. Children invariably empty the bladder

on awakening. All this is recommended after the baby is three or four months old, or when it has acquired sufficient strength.

1. Regularity (continued)

d. In bathing:

Little or nothing need be said in this connection, although the mother or nurse should see that the child's bath is taken care of with a degree of regularity. Regularity does not mean that the baby should be bathed only at s tated times. Occasions may arise that will necessitate more frequent bathing.

1, Regularity (continued)

e. In the care of the teeth:

This is quite important, after the teeth have made their appearance. Many think that the temporary set of teeth do not need to have much attention, but this is a mistake. Neglect of the teeth will result in caries and foul breath; particles of milk sometimes remain between the teeth, turn acid, and so destroy the enamel of the teeth. As soon as the milk teeth are out, the mother should take the baby to a dentist every six months. Defects are sometimes present that make mastication difficult and cause children to choose the softer foods, thus making malnutrition possible as well as ensuring the loss of the good habit of thorough chewing. The milk teeth, if decayed, should be

filled; their untimely loss means unsymmetrical growth of the permanent teeth. Baby's teeth are best cleansed by means of a small piece of cotton dipped in a weak solution of bicarbonate of soda and water. The teeth of older children may be cleaned with a brush and a teacup of warm water to which a half teaspoonful of table salt has been added.

2. Punctuality:

a. It has been said that much time has been lost by those who insist on being on time. This should not be; for every child should be taught that being on time is a sacred obligation. The blind child is no exception. He should be taught to attend to all the little duties that are given him promptly and on time. This idea of being on time should be cultivated as a habit.

3. Correct Carriage and Posture of the Body:

a. Due to the lack of sight, many blind children have an unnatural posture and carriage--the shoulders are stooped, the head is not erect, the hands assume an unnatural position, and the feet are not used correctly. Good carriage and posture, are perhaps, as much as anything else, the result of care and proper training. The child should be taught to stand erect, square on both feet, head up, with back flat, and body erect. Neither toeing out nor

toeing in, nor excessive swinging of the arms while walking should be permitted; the child should be taught to walk with toes pointed forward and as straight as an Indian, and as free. Children's chairs should be fitted to them, and slouching in the seat so as to sit on the end of the spine should not be permitted. The following advice is given by Dr. Hugh Chaplin, Chairman of the N. Y. Nutrition Council: "The child should stand with toes pointing forward, the chest forward of the line of the abdomen, and the abdomen flat. The shoulders should be in line with the ears, the body held easily and not stiff and strained." In correcting faults of posture, he says, the child should be instructed to place the feet parallel, to grip the floor with the toes (to raise the arches), flatten abdomen, push up with the top of the head while holding the chin in, to allow the arms to hang loosely at the sides, and to breathe easily. It is better to use the positive and constructive command rather than the negative command. For illustration do not say, "Don't slouch", "Don't walk that way", etc., but rather direct the child to stand as tall as he can, to see how far he can push his head up, how straight he can walk, and praise him when he does all these things properly, or at least tries to do them. Not only praise him, reward him.

Learning to walk is not as easy a process for the blind baby as it is for the baby with sight, since the stimuli and incentives of sight are lacking. Therefore,

both creeping and walking must be encouraged by interesting sounds and voices close enough to attract the child's attention. Often the blind child who has had a fall becomes afraid to walk. In such a case, the parent must lead him by the hand, thus giving him a sense of security until he dares to take steps alone. There should be much parental rejoicing whenever the child begins to walk. The Kiddie-Kar, or other objects that can be pushed along, will help the blind baby in learning to walk. A play pen is very useful, until such a time as the child can walk freely. As soon as he can walk freely he should be encouraged to investigate the larger surroundings--the room, the house, the yard, etc., but always under the watchful eye of the mother or some other responsible person. As far as possible, the blind child should be protected from bumps and bruises that are unusual or unnecessary. Going up and down stairs should be encouraged, at first and continuously under the mother's guiding care, until confidence and skill are acquired. When the child begins to go up and down stairs alone probably a pillow should be placed so as to soften a fall.

Miss Harriet Totman, visiting teacher for Braille classes, Cleveland Public Schools, in her article entitled, "What Shall We Do With Our Blind Babies" has this to say

with regard to the blind baby learning to walk: "Freedom of activity in a sufficiently large space with which the blind baby has become familiar so that he is not afraid, will do much to assure normal gait and the use of the legs. Running freely and walking rapidly are possible for the blind child in familiar and unrestricted space." Running freely and walking rapidly will do much to break up the ugly mannerisms of groping. However, says Miss Totman, it is better to encourage a more deliberate rate of speed for all ordinary locomotion. The use of the hand reaching forward to ward off contacts with objects should be discouraged. If the child walks slowly and gives attention, he will be able to sense near objects. Train the blind baby to go about naturally. This, of course, will take time and a vast amount of patience but the results w ill be worth the effort.

4. Obedience:

The blind child should develop the habit of obedience as time goes on. Parents of blind children sometimes do not emphasize the importance of obedience, unwilling to make demands that must, or should, be enforced because of the child's handicap. This, of course, is a mistake, since the blind child, as well as the sighted child,

must live under the reign of law. While obedience must be taught, yet it is almost better it should never be taught unless it is taught lovingly, patiently, and with unfailing good humor. Regularity in methods and punctuality in hours are the bes t methods of initiating the unquestioning automatic obedience that the child should be trained to yield to during the second year of its life. "Time for dinner", "Time for by-by", "Time for a ride", "Time for a bath" will be means of calling the child's attention to the outside law, rather than the will of the parent, and thus forming the habit to persist throughout life". (Chambers).

Psychologists exhort parents to give positive, rather than negative commands, to substitute a suggestion of wholesome for unwholesome activity, rather than saying, "Don't do that!" Now that the child can understand so much that is said to it, do not permit "no, no, no!" with you. As a rule repression and inhibition are to be avoided and, as far as possible, should be avoided, unless there is danger of hurt to the child.

At this point it may be well to caution parents against trying to break the child's will. "Break the will" was the method, more or less, of some of our Puritan Fathers, and there are times when the sorely tried parent of today may well wish that she did not know that wills are not to be broken.

But, nevertheless, wills are not to be broken. They are to be directed and trained. The parent's part should be to enlist the will, to stimulate the child with the desire to do right. They should listen carefully, with attitude of a just judge, to protestt they should be tireless in explanation. Training in obedience to the child's better self should be emphasized, and in order to strengthen his will and develop his ability to choose rightly the child should be given as much freedom as possible and at the same time stimulated to make the right use of his freedom. Mary D. Chambers in her book, entitled, "Care and Training of Boys and Girls" has written as follows: "To grow angry, to scold, to compel obedience by loud and domineering commands, may set up a more determined resistance, may breed inward resentment, may pave the way to future estrangement. There is only one remedy: An understanding sympathy and the long patience which is its flower and fruit. General habits of obedience should be formed from the first, but the mother should know that obedience in itself may be anything but a virtue, and over-insisted upon, it may weaken the character". Another has said that parents have no right to exact from their children instant obedience save when the line of conduct insisted upon will either serve to protect the child from physical or mental harm---or to protect the rights of

others. "Train a child, as early as possible, to obey himself, to inhibit the disagreeable or dangerous actions, to stop himself. When a child is able to restrain his own acts he is showing will power, self-mastery; he is practicing the obedience which is self-control", writes another.

Parents who really want their child to grow in self-discipline will try to remove temptations greater than the child can bear. In the matter of discipline what characteristics must the parents display? The following are suggested and may be helpful: a willingness to allow the child to experiment and practice, sympathetic patience, a sincere desire that the child shall develop in self-responsibility, a willingness to withdraw parental supervision, when parental supervision is not essential, a willingness to allow the child to practice self-discipline, leadership that is indirect guidance, maintaining confidence in the child in the face of mistakes. Much more might be said, but perhaps it is enough to remind the parent of an old maxim in education that has never been out-dated. It is this, "Children learn to do by doing". If you want the blind baby to grow to be a wisely self-controlled man or woman, the baby must not only be taught self-control but the baby must be given a chance to <u>exercise</u> self-control. Therefore, there are times, and many of them, when the child must be given the right to choose for itself.

HABITS:

B. To be avoided:

1. The desire to focus attention on one's self.

There is danger of fostering self-conceit. There is an instinct for the stimulus of sympathy, which is an aid, so say the philosophers, to self-preservation through self-realization. But this instinct should not be misdirected because of too much focussing on self. Whenever the child has done something deserving of approbation the attention should not be focussed on the blind hhild himself but rather on the achievement. A great hurt may be done the child by stimulating self-conceit. There is great danger that he become dependent upon approval of self rather than upon the joy of achievement. Praise the achievement, "That's a good jump" rather than "You made a good jump".

2. Blindisms:

There are certain peculiarities of motion and action that are habitual with some of the blind. These peculiarities are so objectionable that they are sure to stand in the way of success among sighted people. From The very earliest time in the life of the blind child these peculiarities should be guarded against. They are not necessarily a part of blindness but easily become habitual in the life of blind children. Among these greatly objectionable traits are the following:

a. blinking.
b. twitching.
c. torticollis (Twisting of the neck)
d. Rocking.
e. shaking the hands.
f. chewing the finger nails
This is a very bad habit and one that should be carefully avoided for two reasons:
a'. It looks bad,
b'. Because of the great danger of infection. It has been reported by physicians that very bad cases of infection have resulted as a result of this habit.

It may be truthfully said that these blindisms are not the results so much, unlesssremotely, of the child's handicap as the result of neglect or misdirected education. This neglect or misdirected education parents simply must not permit, if the blind child is to grow to manhood or womanhood and become an agreeable member of society. Sometimes parents postpone the effort to build up in the child proper habits, thinking that there will be time enough when the teacher comes into control. This a sad mistake; for habits are usually the results of early sowing. In the formation of physical habits, whether good or bad, the first five years are perhaps the most important of any period of life. Some one has s aid that physical habits are easiest to form and foster when the child is three years old, fairly easy to form when he is four, and a good deal more difficult if left until after he is six.

HABITS:

B. To be avoided (continued)

3. Masturbation.

Perhaps blind children do not practice masturbation any more than sighted children, yet because blind children have more limited activities there is always greater danger that the blind child may acquire the habit. On discovering that the blind child is playing with his sex organs, the parent is, perhaps, flooded with a variety of emotions: shame that his child should do so "vile a thing", fear that, as has been commonly claimed, his child may go insane from the habit, anger that such an experience must come to his house, apprension lest others discover the child's act, etc., etc. So prompt and strong are the parent's emotions, and the teacher's too, that the child's needs and interests are frequently lost sight of. Scoldings and punishments are the result but to no effect. The intelligent parent, as well as the intelligent teacher, will at once undertake to determine the causes that have led to the habit of masturbation; and, having learned the cause, will set about the task of helping the child to meet the situation. But this situation cannot be met and the child helped, if adult emotions govern and dominate the action; the parent must put himself

in the child's place for the time being. In search of causes, the parent may run upon the following, one or more: irritation of the sex organ from lack of cleanliness, irritation of the sex organ from tight clothing or malformation, the teaching by a nurse as a means of pacifying the child, the teaching by an older companion as a social skill, the discovery of pleasurable response to a sensitive part in exploring the body. The causes may suggest the remedies to be used: cleanliness for lack of cleanliness, loose clothing for tight-fitting clothing, circumcision for malformation, the dismissal of the guilty nurse or older companion. To these is added the parent's own attitude toward sex conduct. Newell W. Edson, American Social Hygiene Association, says: "Sex attitudes, which are picked along with sex experiences, are not established (speaking of children) but are in the process of building. We adults can guide this building of attitudes by making certain that our own are sound and by reinterpreting for the child the unsound ones he picks up." Louis Fischer, M. D., in his book, "The Health-Care of the Baby", gives this wholesome advice: "When the baby is put to sleep its hands must always be outside the blankets or bed clothing.

Bad habits are easily acquired, especially so if the genital parts are unclean. Any itching may cause a desire to scratch, later on this may lead to constant fumbling; and, if this latter is not corrected, we may find that our baby is addicted to one of the worst habits found in infants or children--namely, masturbation."

As has already been suggested, masturbation may be the result of some abnormality of the genital parts. It may be caused, also, by the presence of worms. In all such cases the child should receive prompt medical attention; for in all such cases moral training is useless until the cause is removed. But regardless of the cause parents should exercise great vigilance in order to detect the first signs of a tendency toward masturbation.

Perhaps it may be well to add a word in refutation of some of the extravagant statements that are sometimes made regarding the results of masturbation. It is sometimes stated, even by writers of pseudo scientific books, that one of the results of masturbation is insanity. This is a statement that for the most part is false. It is possibly true that insanity sometimes goes along with masturbation but one is not wholly the cause of which the other is

effect. However, masturbation is such a disgusting, unsocial habit that its elimination should be most diligently undertaken should it be found that the habit has been formed. But better that the habit should be diligently guarded against, so that it will never be formed.

HABITS:

B. To be avoided (continued).

4. Bed-wetting.

Many blind children are bed-wetters. "When children over three years old wet the bed at night a dintinct reason for it must exist. In a boy, a tight foreskin may cause irritation and require circumcision. In girls, worms wandering from the rectum into the vagina may irritate the opening of the bladder. At times, the urine is at fault and must be corrected by proper diet. Meat should be stopped. Milk, eggs and fruit may be given. The foot of the bed should be elevated and the bladder emptied the last thing before retiring. Electricity may be necessary to restore the tone if weak bladder muscles exist. Electricity should only be given by a physician. Training the muscles of the bladder to hold the urine has been tried in an older child. The child is told that it should begin to pass its water and then suddenly stop.

However, maintenance is such a disquieting, unsatisfactory that the attitudes should be near definitely stated should it be found that the result has been learned. Better that the result should be definitely guarded against, so that it will never be found.

6. To be avoided (continued).

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Then after a few moments recommence the urine and again stop for a moment. This method of training the sphincter muscles of the bladder will frequently cure the habit. In obstinate cases the bladder should be examined by a competent physician and inspected to see if any tumor or gravel or other irritant causes this condition. The use of a cold shower over the spine and the bladder every day, or a cold tub bath is frequently beneficial. Study the trouble carefully, and sympathetically, making use of the services of a wise physician.

Although bed-wetting on the part of the child is rather disagreeable to say the least, yet it is a situation that calls for great patience. In the first place the child may be in no sense to blame, and in the second place the chances are that in time, with proper care and attention it will cease. According to physicians, the outlook for a complete cessation of bed-wetting on the part of the child is good. But time, patience, and care are very important.

Physicians have recommended the following preventative measures:

1. That no liquids should be drunk after 4:00 o'clock;
2. That within two hours after the child has gone to bed he should go to the stool.

HABITS:

B. To be avoided:

5. Thumb-sucking:

A very hard habit to break up when once formed. It is far more easy to prevent the habit than to break up the habit when once formed. As often as the thumb is put into the mouth, it should be gently but firmly removed, never should it be left there long enough for the habit to be formed. Correction by reasoning, scolding and spanking are seldom effectual. An ounce of prevention will be worth many, many spankings.

HABITS:

B. To be avoided.

6. Putting fingers in the eyes:

This is a habit to be prevented rather than one to be broken up when once formed. However, it is a habit that should be avoided, if possible, because of the danger of infection.

HABITS:

C. Law governing,

There are certain laws that should form the basis of the efforts to develop habits of the right kind, some of which may be set down here for the guidance of parents who care:

1. IMITATION. Naturally the child is imitative, and the best of all good ways to train him is by example. It has been said that imitation is one of the two legs on which the race has walked the way of progress. Perhaps it is nearer the truth to say that during the early years of life imitation and imitation again are the only legs on which the child walks the way of habit. He is a natural copyist; see to it that he has only things that are right and good to imitate.

2. SUBSTITUTION. A bad habit can be broken up permanently only by substituting and developing a good habit in its place. Reasoning, punishment, pleading, are of little avail in the effort to break up a bad habit. Yet it must not be forgotten that very young children can be appealed to on a moral or spiritual side. The higher and finer the appeal the higher and finer the response. Therefore, from the earliest, parents should make their appeals to the child along the lines of sympathy, love and appreciation. In trying to substitute a good habit for a bad one there are several means to the desired end, such as: Rewards for the conduct that tends toward establishing the right habit, approval and disapproval, love for the child, child responsibility, sense of achievement, etc.

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[illegible] SUBSTITUTE. A child can be taught to [illegible] by substituting one [illegible] [illegible] screaming, punishment, pleading, or [illegible] [illegible] to refrain [illegible] [illegible] opposite that [illegible] [illegible] [illegible]

a. Rewards for the conduct that tends toward establishing the right habit. There are those who object to rewards, but the desire for rewards is almost instinctive. Rewards are consequences, and should ensue as a natural sequence of good conduct. Whether child or grownup, everybody is more or less influenced by the hope of reward. A gold star, given for conduct of the right kind, has been found to be a very powerful incentive toward establishing such conduct as a habit. The giving of such stars, as parental acknowledgement and notice of the child's efforts along the right lines, may be used to build up a good habit and to supplant a bad habit. When the child has a certain number of these stars, let him use them to purchase some desired plaything.

b. Approval and disapproval. These are not tangible rewards but they are not less powerful incentives. A word of commendation is a reward; a word of disapproval is a punishment. Whenever a child has made a conscious effort to cooperate with the parental training, a word of approval should be forthcoming with such genuine sincerity as will make the child conscious of an inward joy because of such approval.

c. Love for the child. All young children, as well as older ones, need love. Love is as necessary to the child as food for the physical body. The child who is occasionally caressed will respond better than the child who never knows these expressions of tenderness. The mother should have the child-heart and be both poet and philosopher, willing, if need be, to take hours of loving sympathy and patience to bring about the desired results in habit training. A word of caution, however, may not be out of place in this connection: caressing as an act of approving a child's conduct should be used with great discrimination. Yet in spite of his faults, the child should continue to be the object of love, while the mother waits, hoping that the day will come when the seeds that have been sown in the soil of love will some day flower in the gardens of beauty.

d. Child responsibility. In trying to build up right habits in the character of the child, the child's efforts should be enlisted and the child be given responsibility commensurate with his years. This responsibility will have a tendency to develop a consciousness regarding the problems to be solved.

e. Achievement. Perhaps nothing in life is more stimulating than the sense of achievement. The mother of the

blind child should do everything in her power to help the child to win. Approbation, encouragement, rewards, punishments sympathy and love must always be on the side of success. The parent must constantly stand on guard against failure. Here, as elsewhere, diligence is the price of success.

3. SUGGESTION. Sometimes more is accomplished by indirection than by direction. Stories, dramatizations, plays, songs, etc. may be used with powerful effect. Children often live so much in the realm of imagination that the world of imagination must invite the mother who would gather the materials for habit training. Education is not merely a process of giving information out to the child, however alluring this may be done. Education is the unending task of guiding the child to meet life's situations in the right way, while at the same time there is built up the right actions and reactions toward life's situations. To this end, parents must understand the child's needs, how he got those needs, and the best ways to help him to meet those needs. Since these needs are so varied and so different in children, no lists of stories, dramas, songs, plays, etc. would be adequate. Therefore, instead of

suggesting such, the suggestion is made that the considerate parent consult the town librarian, the successful kindergarten teacher, and the wise mother who has learned through experience.

PHYSICAL DEVELOPMENT

Practically everything that has been said in the foregoing pages applies, either directly or indirectly, to the subject of PHYSICAL DEVELOPMENT. However, there are some things that should be said in addition to what has already been said, if the blind child is to come to youth and maturity in a fit physical condition. Of course, the offerings of these pages will, of necessity, be very limited. Therefore, the first suggestion offered in these pages is:

A. Consult frequently a reliable physician.

Parents should do this religiously if the baby is not well. More than this, a physical examination of the child's condition should be made at least once a year. In far too many cases, the blind baby is "a forgotten child", frequently failing to obtain such care and training as are necessary to make possible his highest mental and physical development. Too often the blind baby is led by the hand of trial, error or indecision, without the benefits of medical

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and dental care and supervision at all times; special care whenever necessary he does not receive. He is allowed to form health habits and attitudes that will handicap his future life, habits and attitudes that are allowed to go undiscovered until they become fixed as a part of the child's character. Therefore, the best advice that these pages can offer is found in the following lines:

1. Consult a reliable physician in all special cases.
2. Have a complete physical examination made once a year, at least.
B. Safeguard the blind baby, during early infancy, from all contagious diseases, and other diseases common to childhood:

There is a foolish belief that it is well for children to have the so-called children's diseases, during the period of childhood, thus getting through with contagion. The sad thing about all this is that so many babies do not get through with such diseases, until life itself has departed or until such diseases leave the little ones greatly retarded, sometimes wholly unfit from a physical standpoint. Out of 1000 babies born in Iowa, about one in every nine die during the first year, and even during the

third and fourth year of life the infant mortality is great, too great, perhaps much greater than it should be, much greater than it would have been if the babies had had the proper care when special care was demanded.

During the first years of life, the baby faces danger from three principal groups of disease. The first group includes injuries at birth, congenital malformations, syphilis, and others. The second group includes diseases of the stomach, diarrhoea, "summer complaint", and dysentery. The third group includes the epidemic and communicable diseases, of which the respiratory ailments, bronchitis, the pneumonias and influenza are most important. According to the Iowa Health Bulletin, one third of the number of infant deaths can be prevented. Intelligent effort will make possible a further reduction in the infant mortality rate in Iowa. Do you not think that your little baby, blind though he may be, is worth this intelligent effort? Now, a good physician, who is or ought to be a baby specialist, trained and educated to prevent sickness and death, can help you. Call him for consultation, for careful examination, for expert advice. The dentist's advice also should be sought as soon as the teeth begin to appear.

Regarding the control of contagion, the following paragraphs are taken from the Iowa Health Bulletin, Volume XLVIII:

"In ancient times and during the centuries which have intervened, in fact until about fifty years ago, the common belief was that the infectious and pestilential diseases were spread over long distances through the air. It was not until the decade 1880 to 1890, called the "golden decade" of medicine that the germs of diphtheria, typhoid fever, tuberculosis and other diseases were first discovered. It is now known that infectious or communicable diseases are not air-borne in the strict sense, but depend upon other well known factors for their spread.

Disease germs or bacteria are spread by cases (those ill with disease) or by carriers (usually recovered cases). Although our chief thought in connection with cases and carriers, is of human beings, it must be remembered that certain infections have their source in animals and may be transmitted from animals to man. Germs are often transferred from person to person by finely divided particles of moisture (droplets) which leave the nose or mouth with coughing, sneezing or talking. This is the ordinary method of spread of most of the acute communicable diseases (influenza, tuberculosis, smallpox). The germs contained

in droplets may reach milk and thus cause epidemics (septic sore throat, scarlet fever). The germs are present in the intestinal discharges of a case of typhoid fever or a typhoid carrier and reach other persons through direct contact, through contamination of food products (milk, water) or through the agency of flies. Social diseases (syphilis, gonorrhoea), are in the great majority of cases spread by intimate contact with actively infected persons. Diseases such as malaria and yellow fever, are spread from infected persons to healthy persons by means of disease-carrying mosquitoes. Other insects (ticks, flies, etc.) also play a major part in spreading disease from person to person or from animal to man. The study of cases or epidemics of infectious disease and of the factors accounting for their manner of spread, is known as epidemiology and forms an essential part of the activities of all federal, state and local health organizations.

When disease germs gain lodgment in a child's throat, symptoms do not appear at once. A latent interval, called the incubation period, intervenes between the time of exposure and onset of illness. The incubation period varies to some extent in the same diseases and in the different communicable diseases.

Susceptibility refers to the tendency to acquire disease. Valuable and relatively harmless tests are available to determine susceptibility. In diptheria there is the Schick test, in scarlet fever, the Dick test and in tuberculosis the tuberculin (Mantoux) test. Immunity indicates resistance to disease. Immunity may be acquired through an attack of the disease---an undesirable method--or in certain diseases following the use of well tested and reliable preventive agents. (vaccination, immunization."

Valuable as are the foregoing words, taken from the Iowa Health Bulletin, yet they can be made doubly valuable if parents do something about it. To do something about it means that in case of sickness, skilled advice must be sought; and in case of contagious diseases it would mean that every approved method of prevention should be used. In other words, all manner of sickness and contagion should be diligently guarded against, giving the child time to develop powers of resistance within the body. Disease is, to say the least, an unnatural condition of physical life and, therefore, should be regarded as the mortal enemy of every child.

PHYSICAL DEVELOPMENT (continued):

6. Development through exercise.

1. Games:

A game is distinguished from play; first, by the presence of an obstacle to be overcome, such as a

problem to be solved, or a contest to be won; second, by having organized rules for the players (Chambers). The following games are suggested for blind babies:

a. The push game. This is perhaps the first game to be played by mother and child, and may be played when the child is, perhaps, five months old. "The child will some day press his foot against the palm of his mother's hand and push against it. The mother will push her hand gently up, he will push his foot more decisively down, and when she pushes insiduously up, will press even more vigorously down, and thus it may go, on alternate feet--the mother always offering just enough resistance to be overcome by the thrust of the little limb when the baby pushes against it with a gurgle of delight." This little play has the stimulus of opposition--a stimulus that goes with us all through life.

b. Laughter provoking. As soon as the baby is old enough to laugh at what he thinks fun, the laughter-provoking play may be used. This play consists in simply dropping a soft handkerchief over the baby's face, then quickly pulling it off and cooing at him. When the baby gets used to this he will think it is the greatest fun in the world and will laugh and kick because of the pleasure it gives. However, such games should not be used to excess and never before bed time.

c. Peek-a-Boo. This is a game that naturally follows the laughter-provoking game. After having played for a time, perhaps a month or two, the laughter-provoking game, the child will be found attempting to hold the handkerchief, with more or less success, before his own face while he peeks archly out.

d. Hide and Seek. Perhaps this game will come as a result of the Peek-a-Boo game, initiated by the child himself. Instead of using the handkerchief, the child will use his mother's breast or the hollow of her shoulder to hide his face, afterwards turning his face out again with an expression of roguish invitation to welcome his re-appearance. If the mother gives the child a favorable reaction of smiles and appropriate words, the trick will be repeated again and again.

e. Repetition of Sounds. This is a game played by the mother, imitating some sound made by the child, as "Goo-Goo". As soon as the child is old enough to know that what the mother said is in response to his speech, he will begin to undertake sounds for the sake of the favorable reaction on the part of the mother. This is a fine social game for the two, mother and child.

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5. Imposition of hands. This is a game played
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game for the two, mother and child.

f. Tunnel and Meet. This is a game to be played standing, when the mother tunnels with her hand under one end of a towel, apron or large handkerchief, and teaches the child, through imitation, to tunnel through the other end, until the hands joyfully meet and clasp somewhere near the middle. It is better if played with accompanying musical recitavo.

g. Creep Mouse. This is a game where the mother uses her fingers with a creeping motion from the baby's wrist to the baby's chin, intoning the following with proper accent:

> "Creep mouse, creep mouse, creep mouse,
> Into baby's wee house, wee house, wee house,"

h. Ball Games. Rolling a ball from the child to another will furnish great interest and good exercise. Avoid over-excitement. A large, soft ball should be used.

i. Capture and Pursuit. Games of capture and pursuit, in their simplest forms, may be used as soon as the child can run. These running and chasing games should be played by three persons: the child running away, the nurse or other interested person, as the pursuer, and the mother, as sanctuary or haven.

j. Games that call for dramatization. This instinct to play many parts, as "grandfather", "father", "mother", "doctor", "merchant", etc., is a phase in the development of the child and one of no small importance. Encourage the child to try it.

k. Circle Games. For the blind child these are especially important on account of other children who are also engaged. "Ring-around-the-Rosy", "London Bridge is Falling Down" and others of the ring type are valuable to the three or four-year old child on account of the charm of rhythm and song; and also because they have a tendency to teach co-operation.

2. Play:

From eighteen months on, according to Chambers, the child will more and more enjoy play, and next to love and physical care, happy play is the best thing in the world for the child, and perhaps the most important. A few characteristic plays are suggested:

a. Climbing. Until the child reaches the age of two years he will continue to be a climber. The father-and-child play always affords great pleasure, the child climbing step by step from the father's feet to the father's shoulders when held by father's hands. This will suggest all manner of climbing but care must always be exercised lest the child get some hard falls.

[illegible]

[illegible] "doctor", "mechanic", etc., is a phase in the [illegible]ment of the child and [illegible] small importance, [illegible] the child to try it.

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[illegible]. Climbing. Until the child reaches the age of [illegible] he will continue to be a climber. The [illegible] play always affords great pleasure, the child [illegible]

[illegible]

[illegible] child not sore hard falls.

b. Sand pile. There should be a good, clean sand pile where pails may be filled and emptied again and again; where the child may mould the sand into forms, etc.

c. Imitation plays. Although the blind child is deprived of suggestions that come from sight, yet he will enjoy playing at imitating sounds, such as sounds of the voice, walking, running, etc.

d. Play with toys. The blind child should have well selected toys to play with, such as Teddy Bears and other animals, the traditional coral and bells, hand bell, strings of empty spools, rubber teething ring, curtain ring large enough to slip over his hand, a bunch of keys, wooden balls to roll about, blocks, things that are rough and things that are smooth, nests of boxes or a box with a sliding lid, the rocking-horse, the kiddie car, velocipede, and the swing. In the list of playthings, then, should always be included the things that would have a tendency toward sense training; things that are heavy and things that are light; things that are rough and things that are smooth; things that are soft and things that are hard; toys that have different sounds, etc. Through the medium of games, and plays, and toys, the blind baby should be

trained and developed; and saved from the habit of inactivity and idleness, the stage of development being taken into consideration. Sad to say, too many little blind boys and girls have been deprived of the attention and encouragement necessary to save them from the habit of inactivity and idleness--habits to be diligently guarded against. Toys and playthings that have sharp points or shart edges should be avoided; also toys that the child would be able to swallow, or toys and playthings covered with paint that can be easily sucked off. For illustration: if shears are to be used for cutting only blunt pointed shears should be used. Thimbles and pins and buttons, etc., should be kept beyond the reach of the small child.

MENTAL DEVELOPMENT.

Although physical development and mental development go hand in hand, yet it is perhaps well to add to what has been said regarding physical development a few words concerning mental development, although it must not be forgotten that the mother who intelligently endeavors to bring about the proper physical development of her blind baby at the same time and by the same means contributes to the baby's mental development.

[illegible] and [illegible] not apt [illegible] to [illegible]

(1) [illegible] [illegible]

[illegible] consideration. Sad to say, too many little blind [illegible] and girls have been deprived of the attention and encouragement necessary to save them from the habit of inactivity and idleness--habits to be difficultly conquered against. [illegible] and playthings that have sharp points or sharp edges should be avoided; also toys that the child would be able to swallow, or toys and playthings covered with paint that can be easily sucked off. For illustration: if [illegible] are to be used for cutting only blunt pointed scissors should be used. Thimbles and pins and buttons, etc., should be kept beyond the reach of the small child.

MORAL DEVELOPMENT.

Although physical development and mental development go hand in hand, yet it is perhaps well to add to what has been said regarding physical development a few words concerning moral development, although it may not be forgotten that the mother who intelligently endeavors to bring about the proper physical development of her child having at the same time and by the same means contributes to the baby's moral development.

A. Training the Senses:

1. Hearing. Hearing is probably the most backward of the senses at birth, but the sense that shows, as a rule, the most rapid development, a development that becomes manifest after the first month. Therefore, it is highly important that the first sounds that the baby hears are soft, sweet sounds. All through the first year, hearing is one of the most important of the senses. The mother of the blind baby should be especially careful to see that the little one has the right kind of training in the development of the sense of hearing. Harsh, discordant tones should be studiously avoided. It is said that between the fourth and fifth months the baby will show unmistakable pleasure in music. Mother Nature made no mistake in inspiring the mother to sing lullabys that have been dear to the hearts of babies from generation to generation. Caruso, the famous tenor, began the musical training of his little daughter, Gloria when she was four months old, singing softly the Neapolitan songs with which he himself had been lulled to sleep when a baby. The following chart, prepared by Harold M. Williams and published by the State University of Iowa, may be helpful, suggesting the materials to be used at different stages of the baby's development:

"Achievement Chart for Normal Pre-school Children

18 months	Attends to music. Shows signs of enjoyment. Vocalizes or "dances". Asks by various signs or words for music.
30 months	Imitates (not accurately) short musical phrases vocally. Performs simple rhythmic activities (not accurately). Plays little spontaneous rhythmic games such as tapping the heels or beating on floor or box. Has little sing-songs of his own. Is beginning to assume a listener's apparatus.
42 months	Sings four note melodies fairly accurately with mother or teacher. Begins to sense the "swing" of a selection in moderately quick time (100 beats per minute). Distinguishes "fast" and "slow". Distinguishes "loud" and "soft". Plays the very simplest musical games. Enjoys the social side of music. Experiments with instruments on a higher level. "Makes up" things to do with music. Begins to make little songs purposefully.
54 months	Can sing short melodies independently with fair accuracy. Has fairly accurate perception and control of simple rhythms. Begins to control a wider variety of rhythmic tempos. Can play more complicated games. Enjoys dramatic interpretation of various rhythms. Can play the phonograph for himself. Enjoys and can control "rhythm band" materials. Experimentation with sound more discriminating, less sensory. Basic discrimination well in hand; pitch, simple tonal qualities, "loud" and "soft"; begins to appreciate a "ritard" in singing at end of song. Much more socialized attitude; enjoys doing musical things with other children. Has begun a repertoire of songs. Can invent sing-songs of some musical form. Very resourceful in inventing rhythmic activities."

In considering musical activities for children, a very practical question is, "Just what activities can one provide the blind babies who are not old enough to enter school?" Singing is, perhaps, one of the very best. It is through singing that the child has his first experience with pitch. There are two types of interest which may be appealed to in song material. First, the pleasure the child gets in repeating the Mother Goose jingles. When these are set to music, as many of them are, they form a very pleasant type of musical activity. The second type of interest is that of the child's everyday experience. These experiences call for original songs and should be s ympathetically encouraged. Children's songs should satisfy three requirements: first, children's songs should be short; second, children's songs should be rather low in pitch, say G above middle C as a pitch center: third, children's songs should not have long intervals, i.e. the notes should have gradual steps from the lower notes to the higher notes, or from high to low.

Along with pitch, the child should develop rhythm. One characteristic of a good song for children is that it should have a rhythm that is marked. The commonest type of

rhythmic activity is that of keeping time to music. The baby should be encouraged to do this with feet and hands, and later with movements of the body. Early in the life of the blind baby, he should be taught to listen to music. There are good psychological reasons why the blind baby should be taught to listen to music. Therefore, the mother should sing a great deal, careful always that the tone of voice is pleasing, the members of the family should speak with "richness" of voice, or as near that as possible. If the radio is used, it should be "tuned down", s o that nothing harsh comes out of it. If possible, different musical instruments, simple in construction, should be used. If not available, perhaps, phonograph records may be used to represent different musical instruments.

Before the blind baby is ready for school, he should be taught to recognize the familiar sounds of nature, the songs of the different birds, the animal calls. He should be taught to recognize the voices of friends, etc.

2. Touch. The training of this sense is especially important in the mental development of the blind baby. With the exception of knives and the like, things with which the

baby might injure himself, there should be nothing in the child's environment that he may not be free to touch, feel of, handle. All things which are too good for the child to handle should, if necessary, be put away, and he should learn by obedience not to touch injurious things , such as things that are too hot, etc. Otherwise he should have the freedom of the "city of his habitation". The brain centers are developed by the use of the hands. As much as possible, the parents of blind babies should help them to get in touch with the environments in which they live, to know through the sense of touch the life that surrounds them. They should be given a chance to get into harmony with their little world through the sense of touch. Unless parents and friends are willing to do this, the blind baby must go through life, blind, indeed. The toys, the things about the house, the things outside (trees, flowers, animals, shrubs, vegetables, fruits, etc.) are materials awaiting the educational use of the child's best teacher, the mother.

3. Taste. The child's sense of taste develops early. The baby soon shows what it likes and what it dislikes. This is the time to caution the mother not to give her baby

a little taste of something merely because he enjoys it. Let him enjoy only what is right and good for him, according to the stage of his development.

4. Smell. Experts disagree so much regarding the stages at which the sense of smell develops. Perhaps it is best not to attempt any advice in this direction. However, some attempt to train the blind child to distinguish the smell of different things may be attempted. Training along this line can only be developed through trial, by smelling things.

B. Through experience.

The blind child should, whenever possible, be given a chance to gain information from first hand experience. Through the four remaining senses, acting independently or in co-operation, the blind child should contact the life about him, if possible, in taking steps toward the acquisition of knowledge. His tiny hands should show him what life about him is. The parent is in error who merely tells the blind child what the child could better learn for himself if given a chance. The animals of the farm, the farm being his environment, he should

learn somewhat through the sense of touch, the sense of hearing; and even the sense of smell may add to his knowledge and help him form more accurate mental concepts. There is a great world inviting him constantly to come and investigate. The flowers, the fruits , the vegetables, the soils, the distances, the farm crops, the fences, the hills, the valleys, the trees and shrubs, the materials used in building, the farm machinery, the weather--a big world for the blind boy or girl on the farm to experience. But some one must be willing and intelligent enough to lead the boy or girl to it, not merely satisfied to tell them about it; for any world is big or little according to the bigness or littleness of our experiences.

What has been said of the blind boy or girl on the farm may with just as great truth be said of the lad or lassie who dwells in the town or city. Here, too, there is so much for the blind boy and blind girl to gain through the medium of the senses that are still left them. They must not, THEY MUST NOT be deprived of the opportunity of living as fully as possible in the world that surrounds them, if they are to grow in wisdom and grace and in favor with their friends.

C. Through the written or spoken word:

The blind baby, as soon as he arrives at the age of understanding, if not before, should be read to, talked to, and sung to a great deal. There is a world of children's stories and children's songs that have charmed the babies of many generations. They never grow old--they are never out of date. The Mother Goose melodies and stories are as good today as when they were first given to the world. There are so many other stories and songs so in harmony with the mental needs of children that failure to enrich the child's life with their beauty and charm is rather inexcuseable.

There is one great characteristic of all good stories for children. It is found in repetition of language to portray the events and incidents of the story. Take for illustration the following stories: Little Red Riding Hood, The Three Bears, The Old Woman and Her Pig, The Three Little Pigs, The Little Red Hen, and many, many others. On examination it will be found that the element of repetition is always present. Another characteristic of good children's stories is action. There is always something doing; events move along rapidly. So in choosing

stories for the blind pre-school child, choose those in which the language is often repeated and in which action is dominant.

The blind baby should have the chance to listen to the spoken word of those about him, uttered in the spirit of love and kindness. It is a means whereby the child learns language, gets information, forms ideas and ideals, is made a member of the social group. Therefore, it is of the utmost importance that the language spoken in the hearing of the blind child should not only be correct but should also be chaste and proper. Teachers of the blind have testified to the fact that many blind children use profanity frequently and habitually, the result of the spoken word in the home. Slang and profanity too often crowd out chaste and proper language whenever the blind child habitually hears slang and profanity in and around the home. Fathers and mothers, let the blind baby hear the spoken word from your lips but take care that the words are fit for the sanctuary of the soul. Let him hear the spoken word, uttered in the spirit of kindness and sympathy; for it is through the medium of the spoken word,

in part at least, that the child acquires speech and the understanding of speech. The following are some of the literature that can be used with great profit with children of pre-school age:

Mother Goose Melodies,
Bow-Wow and Mew-Mew, by Georgiana Craik (Albert Whitman & Co, publishers, Chicago)
The Golden Goose Book, by Leslie Brooke (Frederick Warne & Co. Publishers, 381 4th Ave. New York.)
A Apple Pie, by Kate Greenaway (Frederick Warne & Co. publishers 381 4th Ave. New York.)
Three Blind Mice, by J. W. Ivimey(" " " ")
Stories to Tell the Littlest Ones.(published by Houghton Mifflin Co. 2 Park St.,Boston)
Poems of Childhood by Eugene Field,(published by Charles Scribner & Son, 597 Fifth Ave.,New York)
One Thousand Poems for Children, by Roger Ingspeen (published by Macrae-Smith Co., 1712 Ludlow Street, Philadelphia)

EMOTIONAL DEVELOPMENT

Along with physical and mental development, the child will be developing emotionally. There are emotions, healthful emotions, that should be carefully cultivated. On the other hand, there are emotions that should be diligently avoided. Among the number of emotions to be avoided are

fear, anger, jealousy, self conceit, the sense of defeat. Perhaps a word of caution regarding the emotions to be avoided would not be out of place. Take the emotion of fear. Sudden transitions, rapid movements of the child, hurried snatchings from the crib, dangling the child on the knees or in the arms, swinging in the air, shaking crib or carriage should not be permitted. The parents should guard the child against every thing that may stimulate the emotion of fear.

What has been said regarding fear may, with equal importance,,be said regarding anger. At four months the strong-willed child will show fits of anger and rage. The mother should watch for signs of these, and if possible, prevent the full manifestation of these by counteracting influences, and sidetrack them by some distraction that is opposed to anger or rage. Music is one of the best means. When the child is young he may be trained to control his anger and impatience, if correctly handled. A few chords on the piano, if a piano is available, will do wonders in soothing the angry child. Affection and love are the angels that do most to control the angry child. To avoid anger and rage in the child the parent must keep free from manifestations of anger and rage.

Self-conceit is an emotion that is easily developed, and yet an emotion that is often so very disagreeable. Parents should so guard the child that he will not begin to think of himself more highly than he ought to think. To this end, parents should avoid showing the child off to any and all willing observers. The child may be bright, but his abilities should not be on parade to the amazement of friends of the family. Modesty is a virtue in children as well as in adults. There should, of course, be generous praise for sincere effort to do or to please, but the child's achievements should not be permitted to become a circus performance.

Just a word about the sense of defeat. The blind baby is, perhaps, more in danger of developing a sense of defeat, an inferior ity complex, than the child with sight. The limitations of the blind baby are greater. Although the blind child must know his limitations, just as every child should learn his limitations, yet his handicap should not be forever held up before him. On the other hand, the blind child should be permitted to forget his handicap and

live and move and have his being in the joy of the powers that he possesses, regardless of his handicap. He should be constantly encouraged to do the things within his abilities to do. The parent who thinks that the child is too much handicapped to be of any use to himself or society will, in time, have a worthless, lazy and good-for-nothing son or daughter. It is not well to think blindness or talk blindness before the blind child. On the contrary, the blind child should have the joy of victory, the sweetness of achievement within the range of abilities that are in the process of constant development. While the word blind may not be a word tabooed in the conversation of the parents and friends, yet it s hould not be used in a way to bring hopelessness and discouragement.

Just one more word is to be said. The education of the blind child should not be neglected. When he has arrived at the school age, he should not be denied his chance. It is hard for parents to give up the blind child to the care and keeping of strangers, but the blind child's education should have the first consideration. The Iowa School for the Blind is a state institution,

state supported, built for the welfare of the blind children of Iowa, built for the sake of your blind boy or girl. It can and will do much for him or her. But the Iowa School for the Blind will be able to do much only if you are willing to entrust your child to its matrons and teachers when it has reached the school age.

This little booklet is dedicated to the blind babies of Iowa, now and in the years to come, in the hope that from these pages parents may be helped in their efforts to lead these blind babies to fountains of the good, the beautiful and the entire.